Integrated Care Training Program

UW Psychiatry & Behavioral Sciences

Date

Sustainment and Financing of Integrated Care: A Quality Improvement Study Evaluating Implementation of Collaborative Care Code Billing

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Introductions

Denise Chang, MD

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- Medical Director for UW Mental Health Integration Program
- Integrated Care Training Program Faculty

Debra Morrison

- Senior Project Manager and Practice Coach, AIMS Center
- Integrated Care Training Program Trainer

Speaker Disclosures

- Nothing to disclose

Learning Objectives

- Review results of recent quality improvement (QI) study evaluating Collaborative Care billing code implementation
- Name at least three common challenges related to the implementation of the CoCM billing codes
- Review qualitative data related to QI study

Quality Improvement Study

- Adoption of CoCM billing codes has been challenging
- Limited studies providing in-depth analysis of the use of these codes
- UW and AIMS partnered to do a QI study, evaluating the feasibility of implementing CoCM billing codes

Behavioral Health Integration Codes (Collaborative Care billing) - Basics

- CMS approved in 2017
- Billed on monthly basis for services provided in CoCM
- Includes direct and indirect services (such as care coordination, psychiatric consultation, etc.)

Common Challenges with CoCM Billing

- PCP consent required for CoCM billing
- Practice change
- Difficult/complex billing workflow
- Not all payors covering CoCM billing codes (*but in WA state most payors are covering these codes)

Reasons to Use CoCM Billing Codes

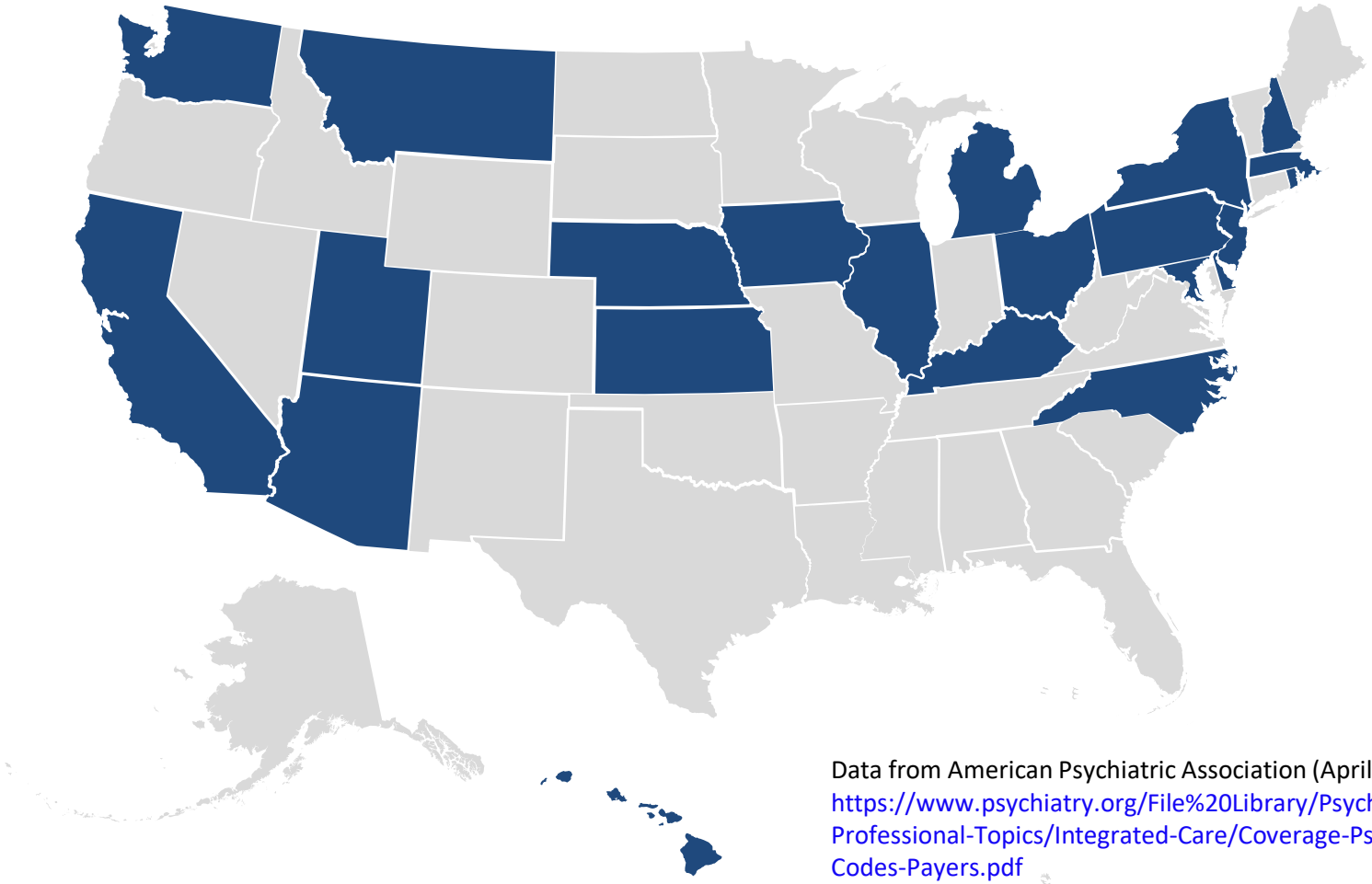
- Opportunity to be reimbursed for services that are unbillable using traditional CPT codes
- Help to make CoCM more financially sustainable
- Encourage full adoption/fidelity to CoCM and encourage population approach

	Traditional CPT Codes	Collaborative Care Codes*
Patient must provide consent?	No	Yes, and informed of potential of cost-share
Who is involved in care?	Patient and BH provider	PCP, BHCM, Psychiatric consultant
What type of provider?	Independently licensed BH provider (depends on payor)	BHCM does not need to be licensed, but must have specialized BH education or training**
What services are included?	Face-to face or Telehealth (with current COVID PHE)	Face to face care, as well as phone/video calls, care coordination b/w team and other BH providers, caseload review and consultation, and managing registry
Limitations/exceptions	-Limited to sessions 16 min or more -May have limited # of sessions per year based on payor	-Min <16 can be still be added to accumulated total for the month -BHCM and psych provider can ALSO bill additional CPT codes (just cannot double bill for same service)

*there are specific codes for FQHC/RHC billing
**requirements vary based on payor

	Traditional CPT Codes	Collaborative Care Codes
How is it billed?	• Billed per visit • Billed under BH provider	• Billed per calendar month • Accumulation of minutes spent over the month (*only time of the BH Care manager counts) • Billed under medical provider as “incident to” under “general supervision”
Who is it billed under?	• BH provider	• PCP
What payors are paying for these codes?	• Medicare • Medicaid • Most private insurances	• Medicare and most Medicare Advantage • Increasing number of private payors • Increasing number of state Medicaid plans

Medicaid Programs that CoCM Codes



Data from American Psychiatric Association (April 2021): https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/Professional-Topics/Integrated-Care/Coverage-Psychiatric-CoCM-Codes-Payers.pdf

Billing Strategies

- Traditional CPT Codes only
- CoCM billing codes only
- A mix of both! (Hybrid)

Our QI Study

- Describe experience of implementing CoCM billing codes
- Understand the impact on healthcare delivery and financial revenue
- Include both quantitative data and qualitative data

Program Description

- Setting:
  - UW Primary Care clinics (with established CoCM)
- QI study:
  - Evaluating the implementation of the new CoCM billing codes, by comparing clinics using different billing strategies
- Program evaluation:
  - Examining data before and after CoCM billing implementation (pre- vs post-implementation)

Comparison

- Our clinics included:
  - CoCM billing (only), N=4
  - Traditional psychotherapy billing (only), N=4
  - Clinics doing mix of both (hybrid), N=2
- Analysis compared these different clinic billing strategies
  - *Did not include hybrid clinics in analysis because too few #, but did look at data from these clinics

Outcomes

- Primary Outcomes
  - Amount of patient care delivered
  - Estimated revenue associated with services
- Secondary outcomes:
  - How BHCM's time was being utilized (amount of CoCM billing)
  - What types of activities billed under CoCM (categorization of activities)
- Qualitative data obtained through clinician (PCPs and BHCMs) interviews

Program Details

- UW Primary Care clinics implemented CoCM billing codes in 2019
  - March 2019 started with two pilot clinics (Hybrid)
  - September 2019 added six additional clinics
    - CoCM billing exclusively
    - Two were excluded due to incomplete data
- Examined two 6-month time periods
  - Pre-Implementation (July 2018 – Dec 2018)
  - Post-Implementation (Sep 2019 – Feb 2020)

Measures

- Primary measures:
  - Avg # of **visits** per month (BHCM)
  - Avg # of **unique patients** served per month (BHCM)
  - Avg # of **minutes of clinical service** per month (BHCM)
  - *For Psychotherapy billing only clinics, minutes calculated via CPT codes billed (session length associated with CPT code converted to estimated number of minutes)
- Secondary measures:
  - Detailed breakdown of the **types of clinical activities** attributed to CoCM billing
  - Minutes of service that went **unbilled** in any given month (either because did not meet minimum threshold or over maximum threshold)
- Qualitative measures:
  - Semi-structured interview with 5-7 providers from each clinic

Summary of Quantitative Data

- Comparing CoCM billing (only) and Psychotherapy billing (only) clinics
  - *Data from two hybrid billing clinics was also included, though due to the small number of clinics in this group it was not possible to make statistical comparisons to the other clinic groups
- No significant difference in visits, unique patients served, or estimated minutes billed or revenue generated

Categorization of CoCM Activities

		% of Minutes Spent on Types of CoCM Activities				% of Minutes Spent on Psychotherapy Billing
Type of Billing	Clinic	Direct Service	Care Coordination	Chart Review	Case Review with Provider and/or Psychiatrist	--
CoCM Billing	E	94%	0%	1%	5%	N/A
	F	87%	0%	1%	12%	N/A
	G	93%	1%	1%	5%	N/A
	H	82%	0%	12%	5%	N/A
	Average	89%	0%	4%	7%	--
Hybrid - Adult	I	23%	1%	0%	23%	51%
Hybrid - Peds	J	34%	29%	14%	13%	10%

CoCM CPT Code Utilization

	Mins Under Threshold (including % that would have been billed with G2214*)					
Clinic	Mins under	G2214	99492/ 99493	99492/ 99493 + 99494	99492/99493 + 99494x2	Mins Over Threshold
E	2%	1%	45%	9%	30%	13%
F	15%	6%	41%	20%	14%	5%
G	4%	6%	50%	25%	8%	6%
H	3%	4%	64%	20%	7%	2%
Average	**6%**	**4%**	**50%**	**19%**	**15%**	**7%**
Adult Hybrid	72%	12%	13%	1%	1%	1%
Pediatric Hybrid	58%	21%	17%	2%	0%	1%

***The G2214 code was released in 2021 and was not available at the time of this study**

Note: The hybrid clinics utilized psychotherapy billing in addition to CoCM billing, please refer to other Table for the amount of psychotherapy billing done by the hybrid clinics

Study Take-Aways

- **Staffing turnover can have considerable impacts on clinical service, considering the amount of time needed to train new staff on CoCM clinical workflow and billing procedures**
- **There can be a lot of variation in BHCM activities and time, therefore it is important to review metrics regularly with real-time data**
- **Developing a consistent and standardized approach to tracking minutes of billable service is key, especially when implementing new time-based billing codes**
- **Understanding the amount and type of activities performed by BHCM can help organizations choose which billing modality would be optimal**

Summary of Qualitative Data

"The qualitative data demonstrate that implementation of CoCM billing codes is feasible and that, while some clinicians found the process to be complex, most did not find it overly burdensome and thought the addition of CoCM billing provided financial benefit in sustaining the CoCM program."

Perceived concerns related to CoCM Billing

- Some concerns with the operational efficiency and administrative burden of the billing process of CoCM.
- PCP's cited a concern of lack of transparency of CoCM billing, reporting unfamiliar with the technical and financial components of CoCM billing.
- PCP's speculate that some patients may be deterred from participating in CoCM due to its lack of transparency or cost-prohibitive potential.

Limitations

- Small sample size
- Short time periods
- Staffing issues

Lack of familiarity with CoCM codes (PCPs, BHCMs, patients, healthcare systems)

Takeaways

- *Our preliminary findings indicate that adopting these CoCM billing codes did NOT adversely affect the delivery of patient care or financial revenue*
- *We need more studies evaluating impact of CoCM billing codes*

Additional Free Resources for Washington State Healthcare Providers

*No cost

EDUCATIONAL SERIES:

- AIMS Center office hours
- UW Traumatic Brain Injury – Behavioral Health ECHO
- UW Psychiatry & Addictions Case Conference ECHO UW PACC
- UW TelePain series About TelePain (washington.edu)
- TeleBehavioral Health 101-201-301-401 Telehealth Training & Support - Harborview Behavioral Health Institute (uw.edu) | bhinstitute@uw.edu

PROVIDER CONSULTATION LINES

- UW Pain & Opioid Provider Consultation Hotline Consultation (washington.edu) – 844-520-PAIN 7246)
- Psychiatry Consultation Line - (877) 927-7924
- Partnership Access Line (PAL) (pediatric psychiatry) - (866) 599-7257
- PAL for Moms (perinatal psychiatry) - (877) 725-4666

Questions and Discussion

- Ask questions in the chat or unmute yourself

Registration

- If you have not yet registered, please email uwictp@uw.edu and we will send you a link